

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL FORM  
(only for new nonprovisional applications under 37 CFR 1.53(b))

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

BOX: PATENT APPLICATION

SIR:

Transmitted herewith for filing is the patent application (including Specification, Claims, and Abstract, 54 pages) of:

Inventors : Gary A. Schultz, Sheng Zhang, and Colleen K. Van Pelt

For : DETECTION OF SINGLE NUCLEOTIDE POLYMORPHISMS

*\*\*If a CONTINUING APPLICATION, please mark where appropriate and supply the requisite information below and in a preliminary amendment:*

[ ] continuation [ ] divisional [ ] Continuation-In-Part (CIP)  
of prior application Serial No. \_\_\_\_\_

Prior application information: Examiner :  
Art Unit :

Enclosed are:

[X] 22 sheets of informal drawings.

[ ] Signed Combined Declaration and Power of Attorney (\_\_\_\_ pages).

[ ] Copy of signed Combined Declaration and Power of Attorney (\_\_\_\_ pages) from a prior application (1.63(d) (for continuation/divisional).

[ ] Signed statement deleting inventor(s) named in prior application (\_\_\_\_ pages) (1.63(d)(2) and 1.33(b)).

[ ] **Incorporation By Reference:** The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied herewith, is considered as being part of the disclosure of the enclosed application and is hereby incorporated by reference therein.

[ ] Assignment (\_\_\_\_ pages) of the invention to \_\_\_\_\_.

[ ] Assignment Transmittal Letter.

[ ] Certified copy of a foreign priority document.

[ ] Associate power of attorney.

[X] Applicants claim small entity status. (See 37 CFR 1.27.)

[ ] Preliminary Amendment (\_\_\_\_ pages).

- ☐ Information Disclosure Statement, form PTO-1449 (\_\_\_\_ pages) and \_\_\_\_ references.
- ☒ **UNSIGNED** Combined Declaration and Power of Attorney (2 pages).
- ☐ Statement in Accordance with 37 CFR § 1.821(f) and computer readable 3.5" Diskette.
- ☒ A self-addressed, prepaid postcard acknowledging receipt.
- ☐ Other:

The Filing fee has been calculated as shown below:


(Col. 1)		(Col. 2)	SMALL ENTITY		OR	LARGE ENTITY	
FOR:	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE	XXXXXXXX	XXXXXXXX	XXXX	\$355	OR	XXXX	\$710
TOTAL CLAIMS	53 - 20 =	33	x 9 =	\$297	OR	x 18 =	\$
INDEP CLAIMS	4 - 3 =	1	x 40 =	\$40	OR	X80 =	\$
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			x135 =	\$	OR	x270 =	\$
			TOTAL	\$692	OR	TOTAL	\$

\*If the Total Claims are less than 20 and Indep. Claims are less than 3, enter "0" in Col. 2

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- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1138. **A duplicate copy of this sheet is enclosed.**
- ☒ Address all future communications to:

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